



Georgios & Alex's story: an expert's response

Leading IVF physician, Dr Brandon J. Bankowski, Oregon Reproductive Medicine

Dr Brandon J. Bankowski, MD MPH FACOG, at world-reknowned US fertility clinic ORM, gives his response to Georgios and Alexander's surrogacy experience, and addresses the medical and ethical issues raised.

"Georgios and Alexander's story is a tragic, but avoidable one. Despite heroic efforts, against insurmountable odds, Georgios and Alexander's lives have been forever impacted by medical professionals who seem to have not had their best interests at heart.

Multiple embryo transfer

No clinic should ever transfer six embryos into anyone. Transferring twelve embryos into two surrogates simultaneously puts both women at great risk. We discuss with all our patients the real risks of multiple embryo transfers and pregnancies and, at most, we transfer two embryos at a time, and have a more than 90 per cent live birth rate per transfer doing so in recent years. Additionally, our extensively-screened egg donors are women with the highest fertility possible; we accept only 7 per cent that apply.

US clinics voluntarily report their success rate statistics to, and are audited by, the Society for Assisted Reproductive Technology (SART), the national governing body for IVF and ART in the USA. These statistics are publicly accessible to all The "best" clinics are those that achieve the highest success rates (live birth rates) with the lowest number of embryos transferred per treatment.

Selective reduction

Conscientious fertility experts devote their lives to helping people become parents with an oath to 'do no harm,'. While selective reduction with even triplets is an emotionally difficult and ethically challenging concept for prospective parents and surrogates, selectively terminating ten fetuses is reprehensible. It is also extremely risky; in the US about 5% of pregnancies requiring selective reduction miscarry completely within two months. These losses are devastating. In our clinic at ORM, selective reduction would only be considered medically necessary if, when two embryos are transferred, both implant

successfully, and then one or more of them splits into identical twins or triplets - a very rare situation.



Legal aspect

The clinic's failure to prepare Georgios for the legal difficulties as a single, gay, Greek father with Ukrainianborn children is also shocking. Their traumatic experience highlights the need for qualified specialist advice. We refer our patients to highly experienced surrogacy lawyers, both in the US, for establishing parentage, and in their home countries in order to successfully repatriate their

Hopefully from this story everyone can take away the positive message that creating a family through international donor egg surrogacy requires thorough research and planning and should only be undertaken in partnership with experienced and reputable clinics and agencies.

Best care possible

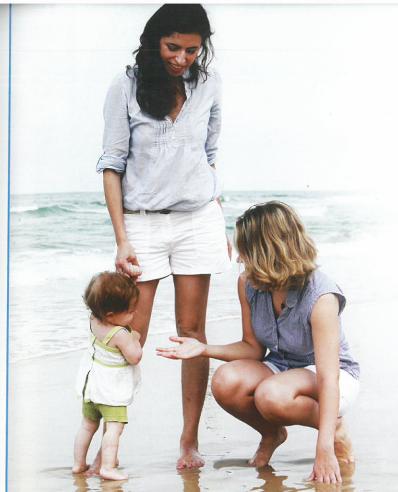
At ORM we have the privilege of helping LGBT patients from across the world safely become parents through egg donor surrogacy. We believe that providing the best reproductive care includes achieving the highest possible success rates, offering technologically advanced genetic screening of embryos prior to transfer, and considering the best medical and legal interests of the intended parents, donor, surrogate, and the children before starting. Creating a family is one of the most important endeavours anyone can do in his/her lifetime. Putting your future family at risk is not an option. We are honoured to help our patients on their journeys to becoming parents and cherish our work with LGBT families across the globe."



Oregon Reproductive Medicine's dedicated team includes a representative in the UK providing personal support to UK intended parents looking to access surrogacy in the USA.

www.oregonreproductivemedicine.com Email: ormuk@portlandivf.net

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